



EU-US WORKSHOP TRANSATLANTIC EXCHANGE ON SNOMED CT / CLINICAL TERMINOLOGIES



WHAT DOES THE EC WANT?

“Proposals should investigate the **use of SNOMED CT as a core terminology** to solve semantic interoperability issues for **cross border** but **also national and regional eHealth deployments** in the EU. Proposals should cover aspects such as **costs** (license or membership, but also operational, translations, mapping to local terminologies, maintenance, training,...), **fitness to clinical requirements, legal, technical and operational, benefits, governance, impact** on the different stakeholders including patients and healthcare providers, for the cross border as well as for the national and regional scenarios. Proposals should compare **the SNOMED scenario** with at least two scenarios: a) **do nothing at the EU level** and b) define **a semantic interoperability framework without SNOMED CT.**”

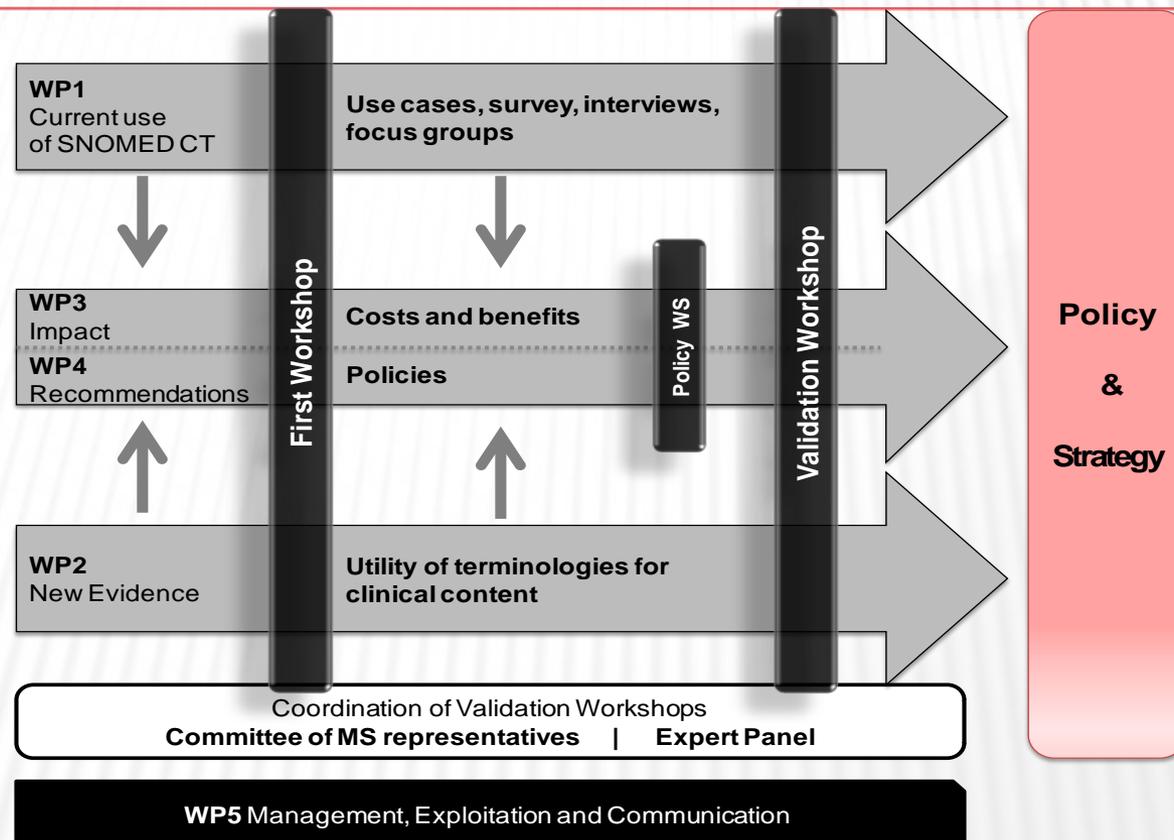


ASSESS CT PROJECT OBJECTIVES

Goal: investigate the fitness of the clinical terminology SNOMED CT as a **potential standard for EU-wide eHealth deployments**, scrutinising clinical, technical, financial, and organisational aspects.

1. Investigate the use of SNOMED CT across the EU & beyond (WP1)
2. Examine the fitness of SNOMED CT for the purpose of semantic interoperability (WP2)
3. Realize an evidence based assessment of prerequisites for the clinical fitness for purpose (WP2)
4. Socio-economic evidence-based assessment of costs & benefits (WP3)
5. Provide recommendations for EU and national policy makers, and other stakeholders (WP4)
6. Coordinate with the other PHC-34 CSAs towards higher impact (WP5)

ASSESS CT WORKPACKAGE STRUCTURE



- Provide MS not just with the answer to the question „Should SNOMED CT be adopted or not“ but relay the impact that the decision will have in economic, technical, organisational perspective
- All WPs work towards providing pieces of this puzzle & develop evidenced recommendations



OBJECTIVES OF THE WORKSHOP

Pool transatlantic knowledge of emerging evidence and experiences, insights and learning points on the following questions:

- What have been the **observed benefits** of using a core clinical terminology:
 - For which health and care functions / settings / users?
 - In what forms (content coverage, deployment to end users, scale up)?
 - With what impacts?
- What **specific advantages** did or would the use of SNOMED CT confer, and what alternatives were or could have been adopted?
- What have proved to be the **key investment elements** of terminology system adoption and maintenance (cost, time, effort), especially in the case of SNOMED CT, and what underlying **prerequisites** and capabilities were assumed?



OBJECTIVES OF THE WORKSHOP

- What should countries or large care providers **focus on and prioritise** when (i) preparing for the adoption of SNOMED CT, including the extent of terminology content they might seek initially to leverage; (ii) concrete steps for implementing clinical terminologies; (iii) combining different terminologies for diverse use cases?
- How could **public interests** be best considered in the **governance model** (including IPR)?
- What are the main areas of potential transatlantic and pan-European **collaboration** to be taken forward in the short to medium term?
E.g.: content coverage, language translation, interface terminologies, maintenance tooling, terminology hosting and support services, educational resources, end user interface design, analytics and outcome metrics, clinical research, informatics research
- Kick-start an assessment of the use of SNOMED CT to express clinical problems and procedures in the International Patient Summary (IPS).